Cultivate Illinois Green Energy Program Application



Application to participate in the Treasurer's Cultivate Illinois Green Energy Program

Applicant/borrower should complete this form with the assistance of its participating lender. The application will determine eligibility for participation in the Green Energy loan program. Use separate sheets and cite section numbers where appropriate.

| Please | e check each box that applies: | | |
|--------|---|-------|-------|
| V | e participating in an energy efficiency program with: We are working with an Energy Service Company (E We are working with a LEED® certified professional. We are independently purchasing Renewable Energy | SCO). | DCEO. |
| SECT | ON 1 | | |
| APPI | CANT/FINANCIAL INSTITUTION INFORMATION | | |
| 1.1 | Briefly describe the use of the deposit: | | |
| | , | | |
| 1.2 | Applicant Information | | |
| | Name: | | |
| | Business or Organization (if appropriate): Address: | | |
| | City, County, State, Zip: | | |
| | F.E.I.N. Number: | | |
| | Phone Number: | | |
| | Fax Number: | | |
| | E-mail Address: | | |
| | How did you hear about this program? | | |
| 1.3 | Financial Institution | | |
| 1.3 | Institution Name: | | |
| | Address: | | |
| | City, County, State, Zip: | | |
| | Contact Person: | | |
| | Title: | | |
| | Phone Number: | | |
| | Fax Number: E-mail Address: | | |
| | E-IIIaii Audiess. | | |
| | | | |

SECTION 2

PROJECT/LOAN INFORMATION

- **2.1 Project Information** Please complete section 2.2 or 2.3 as it best relates to your project.
- 2.2 Partner or ESCO Project:
- 2.2.1 Provide the name and telephone number of the Ameren, ComEd, or DCEO official with whom you have been working; if you are working with an Energy Service Company or a LEED® certified professional, please provide their name and full contact information.



































Cultivate Illinois Green Energy



- Program Application
- 2.2.2 Describe the program commitment that has been made to you by Ameren, ComEd, or DCEO.
- 2.2.3 Provide a concise description of the "Green" alterations or innovations that this program will allow you to implement.
- 2.2.4 Provide a description of your anticipated economic/environmental savings that will result if your project is implemented.

Independent REE Project: 2.3

- 2.3.1 If purchasing Renewable Energy Equipment (REE) independent of any of the relationships described above, please include name and phone number of any energy professional who consulted on your project.
- 2.3.2 List the equipment you expect to purchase as part of this program, including price quotes.
- 2.3.3 Provide a description of your anticipated economic/environmental savings that will result if your project is implemented.

| 0 4 | F-1 | | 1 | |
|-----|-------|-------|-------|--------|
| 2.4 | Linar | וכואו | Intor | mation |
| | | | | |

- 2.4.1 Term of deposit:
- Amount of deposit requested: 2.4.2

Additional funding sources and amounts: List if applicable (i.e. grants, loans, etc.)

Source:

Amount:

Total cost of project: (Including this deposit request and additional funding sources) \$

SECTION 3

CERTIFICATIONS & ACKNOWLEDGEMENTS

By signing below the applicant agrees and certifies the following:

- The State Treasurer's Office may withdraw the deposit if the financial institution fails to satisfy all of the requirements of the Cultivate Illinois Green Energy Program.
- The applicant understands that the State Treasurer's Office may reject any application for any reason at its sole discretion.
- The applicant will allow signage provided by the Treasurer's Office to be displayed at the project site listing contact information for this program.
- · Borrower acknowledges that the Treasurer's Office may perform site visits at the project location for compliance purposes, and Borrower agrees to cooperate with the Treasurer's Office in carrying out the site visit.
- I certify, to the best of my knowledge, that the foregoing statements and the information I have provided are true and complete. I shall promptly notify the Illinois State Treasurer's Office of any changes in the information provided. I understand that a false or incomplete statement may result in the Treasurer's Office withdrawing the deposit from the financial institution and seeking any other available relief. I also understand that an individual who provides a false statement may be subject to criminal prosecution under the Illinois Criminal Code (720 ILCS 5 et seg.).

| Applicant Signature: | Title: |
|----------------------|------------|
| Print Name: | Date: |

Please return this completed application and support documentation to:

Illinois State Treasurer Alexi Giannoulias **Cultivate Illinois Green Energy Program** 300 West Jefferson Street Springfield, Illinois 62702

Phone: (312) 557-6436 • Fax: (217) 557-6439 www.treasurer.il.gov

Printed by the Authority of the Illinois State Treasurer. 06/08 RM

Tracking Number

Office Use Only



































